

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	OEP.	IND.	DEP.
1						
2						
3						
4						
5						
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10						
11						
12						
13						
14						
15						
16						
17	1					
18	1					
19	1					
20		1				
21	1					
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24	1					
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47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	22					
TOTAL CLAIMS	29					

	*		*		*	
	IND.	OEP.	IND.	OEP.	IND.	OEP.
51						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS